

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number **488****Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 9/13/02

Lsupp

10214671. NAME Harkins Deborah D.
Last First MI2. BUSINESS PHONE (504) 596-27993. BUSINESS ADDRESS 643 Magazine St. New Orleans LA 70130
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER McGlinchey Stafford, P.L.L.C.5. EMPLOYER'S ADDRESS 643 Magazine St. New Orleans LA 70130
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Minut Analytics Development, Inc.Address 1155 Perimeter Center West Atlanta GA 30338-5416Business or purpose Environmental New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of August 15, 2002

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OFFICE OF THE CLERK
OF THE BOARD OF ETHICS
REGISTRATION

SUPPLEMENTAL REGISTRATION FORM



2. Name _____
Address _____
Business or purpose _____
 New Representation
Does this person pay you? _____
If No, who pays you? _____
 Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____
 New Representation
Does this person pay you? _____
If No, who pays you? _____
 Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist